

**Requisition**THIS NUMBER MUST APPEAR ON  
ALL INVOICES, BILLS OF LADING  
AND PACKAGES**REQ NO:** [REDACTED]**VENDOR CODE:** [REDACTED]**Date:** 01-18-2012**VENDOR:** LindenmeyrMunroe**SHIP-TO:** MA Department of Public Health  
State Laboratory Institute  
305 South Street  
Jamaica Plain, MA 02130

Requisitioner	Vendor Customer #	Delivery Date	G/L Account Code	Agreement #	Commodity #
Debbie Danforth	[REDACTED] P (800)237-2737	06-30-2012	[REDACTED]	OFF28	

Line	Qty	U/M	Item Code/Description	Unit Price	Amount
1	10	cas	Copier Paper	37.4000	374.00
				<b>Total</b>	\$374.00

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Authorized Signature